Birth Plan Guide & Worksheet

A birth plan communicates your preferences while staying flexible for medical needs. This guide teaches key options and provides a worksheet you can bring to the hospital or birth center.

What a Birth Plan Is (and Is Not)

A birth plan is a communication tool not a guarantee. It helps your care team understand what matters to you (comfort, communication, support, newborn care) while allowing room for safe medical decisions.

Your Support Team

Who will support you in labor?
• Primary support person: _____
• Additional support (doula/family): _____

Communication preference: ☐ Explain everything first ☐ Explain quickly then act ☐ Minimal talking unless necessary

Comfort & Pain Management Options (Plain Language)

Non-med: breathing, movement, shower/tub (if available), massage, music, dim lights.
Medical: epidural, IV pain medication, nitrous oxide (if offered).

My preference: ☐ Prefer non-med first ☐ Open to epidural ☐ Unsure / want to discuss in labor

Labor Preferences

☐ I want to move freely if safe
☐ I want intermittent monitoring if safe
☐ I want coaching for pushing / positions
☐ I want limited visitors
☐ I want a calm environment (low lights/quiet)

Notes: _____

Interventions & Informed Consent

If induction, augmentation, or other procedures are recommended, you can ask:
• Why is this needed now?
• What are the risks/benefits?
• What are alternatives?
• What happens if we wait or reassess?

You have the right to understand and consent whenever possible.

Cesarean Birth (If Needed)

If a cesarean becomes necessary, preferences may include:
☐ Support person present (if allowed)
☐ Clear drape / seeing baby (if offered)
☐ Skin-to-skin as soon as possible
☐ Partner to stay with baby if baby needs evaluation

Notes: _____

Newborn Care Preferences

☐ Skin-to-skin after birth if safe
☐ Delayed cord clamping (if appropriate)
☐ Feeding plan: ☐ Breast ☐ Formula ☐ Pump ☐ Combination
☐ Vitamin K / eye ointment discussion requested
☐ Rooming-in with baby if possible

If baby needs extra care, I prefer: ☐ Partner goes with baby ☐ Staff updates me frequently

Postpartum Plan

• Pain control plan: _____
• Lactation support requested: ☐ Yes ☐ No
• Mental health support plan (who to call if struggling): _____

Advocacy Language for Labor

• "Please explain the reason for this recommendation."
• "I need a moment to discuss with my support person."
• "Please document my questions and the plan."
• "I would like a second opinion if available."

Alabama Note

Hospital policies vary across Alabama. Ask ahead about visitor rules, doula/support person policies, pain management options available, and newborn procedures. If you have Medicaid/Plan First, ask what childbirth education or case management supports you can access.

My Birth Plan Snapshot (Bring This Page)

Name: _____ Due Date: _____ Hospital/Birth Center: _____
Support person(s): _____
Pain preferences: _____
Environment: _____
Newborn care priorities: _____
If complications occur, my top priority is: _____